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CONFIRMATION NO. 1073

Bib Data Sheet

SERIAL NUMBER 10/698,712	FILING DATE 10/31/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 491,920-033
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APPLICANTS

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** CONTINUING DATA ***** *Jg* *****

This application is a CIP of 10/447,453 05/28/2003

** FOREIGN APPLICATIONS ***** *Jg* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance <i>Jg</i>	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Textured and drug eluting coronary artery stent

FILING FEE RECEIVED 989	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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